

Insurance Fraud INVESTIGATOR

Louisiana Department of Insurance

July 98

*Louisiana Department of Insurance
and Louisiana State Police/FBI Task Force
team up in*

CRACKDOWN ON FRAUD

see page 3



James H. "Jim" Brown, Commissioner of Insurance



Insurance fraud is one of the most costly white-collar crimes in the country, ranking second only to tax evasion. At least twenty cents of every insurance premium dollar paid goes to defray the cost of insurance fraud, and studies show that insurance fraud is increasing in America at an alarming rate. It was estimated that insurance fraud cost the people of this country \$120 billion in 1995, up from \$30 billion in 1990.

Since I obtained legislative approval for the Fraud Division, which began operations in 1993, we have had great success in investigating and aiding in the prosecution of fraudulent activities of insurance companies, agents, brokers and individual claimants.

I am proud of our investigative efforts, but the fight against fraud is far from over. In cooperation with local, state and federal law enforcement agencies, insurance companies and insurance regulators, we will continue our campaign to stamp out illegal insurance operations that cost the citizens of Louisiana millions of dollars each year.

James H. "Jim" Brown

Commissioner of Insurance

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Department of Insurance Continues Fraud Crackdown

UNLICENSED AGENT CHARGED WITH MISAPPROPRIATING FUNDS: RAID RESULTS IN ARREST

Commissioner Brown and Louisiana Department of Insurance Fraud Division investigators joined State Police in a May 7 raid on the insurance offices of Frank S. Romano of Marrero. State Police arrested Romano and agency files were seized as a result of the investigation and criminal referral by the Department of Insurance.

Romano was charged with 21 counts of felony theft by fraud, 21 counts of misappropriation of premium, 9 counts of selling insurance without a license and 4 counts of bank fraud. The Department of Insurance, the Louisiana State Police/FBI Task Force and the Jefferson Parish District Attorney's Office are conducting the ongoing investigation.

The Department revoked Romano's license in July of last year on multiple charges, including misappropriation of insurance premiums, and issued a cease and desist order against him in October after he continued to act as an insurance agent. The Department fined him \$125,000

in January in connection with his defiance of the cease and desist order. He is alleged to have continued selling insurance and misappropriating premiums until March 1998. At this writing, the \$125,000 fine is still outstanding.

Romano had already been involved in two court cases relating to illegal insurance activities. When fire



Commissioner Brown speaks with reporters after the arrest of Frank S. Romano and shutdown of Romano's insurance agency.

engulfed the home of one couple, they discovered the homeowners policy he had sold them was worthless. The victims sued Romano and were awarded \$50,000. In a second instance, a client pressed criminal charges. Romano was convicted of felony theft and sentenced to three years at hard labor. In that case, the sentence was suspended and he was given probation and community service.

SLIDELL AGENCY SHUT DOWN; RECORDS SEIZED

Commissioner Brown and Department fraud investigators joined State Police as they served a search warrant on Kenneth Louis Perschall of Slidell, owner of Acadia Insurance Agency, in late February. The agency

was shut down as the result of an ongoing investigation that began with a Department of Insurance investigation and subsequent criminal referral to the LSP/FBI Task Force.

Investigators searched the premises for documents pertaining to mounting evidence of criminal activity, while providing guidance to frustrated and confused clients who arrived at the agency as the search was in progress. Pertinent insurance records

were removed from the agency. State Police and Department fraud investigators have continued to work together to review them.

The licenses of both Perschall and Acadia Insurance Agency had been revoked by the Department in November of last year, but Perschall continued to conduct business, maintaining he was within his legal rights pending his appeal of the revocation

Continued on page 4

Department Teams up with State Police and FBI in Crackdown on High Profile Insurance Crimes

The Department of Insurance and Louisiana State Police/FBI Task Force have been successful in several high profile insurance cases since their cooperative effort began in mid 1997.

Colonel W. R. "Rut" Whittington, superintendent of State Police, formed the LSP/FBI Task Force to fight white-collar crime shortly after taking office in January 1996.

When it became apparent that the Task Force was an excellent vehicle for dealing with insurance fraud, Lt. Kermit Smith, who is in charge of the insurance fraud section of the Task Force, contacted the Department of Insurance.

Commissioner Brown welcomed the opportunity to work with Col. Whittington in this endeavor, and the cooperative efforts between the Task Force and the Department's

Fraud Division were soon producing results. Their joint efforts have led to grand jury indictments and arrests

in several high profile cases in such areas as agent misconduct and claims fraud.

First Joint Investigation Results in the Arrest of a Baton Rouge Man

The first successful joint venture of the Department's Fraud

Division and the

LSP/FBI Task Force resulted in a grand jury indictment and arrest of a Baton Rouge man in

an alleged fraudulent insurance scheme. In September 1997, the Fraud Division learned of the activities of Paul J. Diez through a report submitted by Blue Cross Blue Shield of Louisiana. Department investigators immediately began working with the Task Force

in an investigation, which led to Diez's arrest.

Diez's alleged fraud scheme dated back to April of 1997 when his Blue Cross health insurance contract was cancelled. He allegedly refused to turn in his subscriber card and continued to use it from April 1997 until March 1998 to obtain numerous prescription drugs and other medical services at several area hospitals and doctors' offices. At the same time, he also allegedly collected payment for the same services from States General Life Insurance Company with whom he had valid health insurance coverage.

Slidell/Perschall

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to the 19th Judicial District Court. The Court upheld the Department's action and admonished Perschall to cease engaging in the business of insurance.

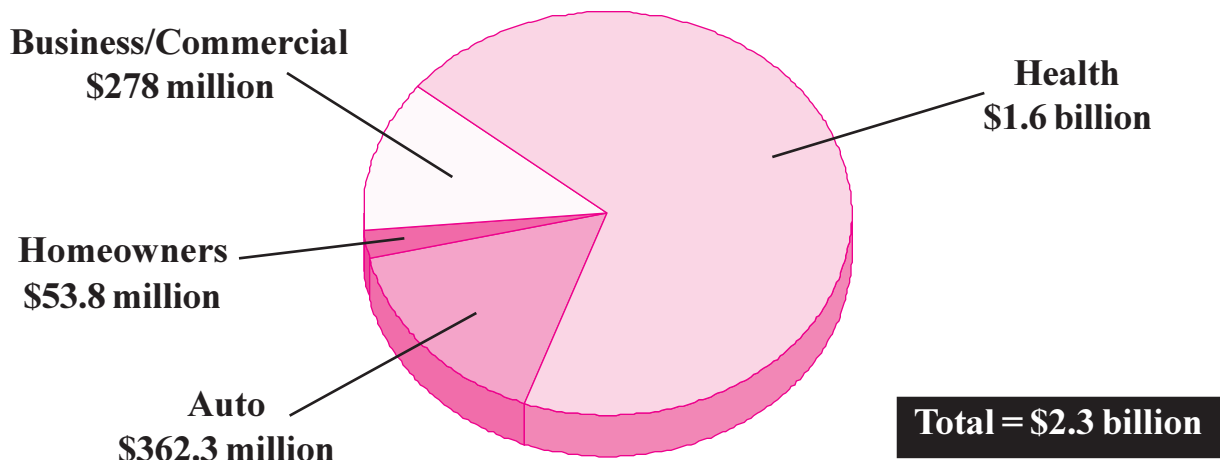
The criminal referral was made to the LSP/FBI Task Force by the Department in February after it was

discovered that Perschall continued to write insurance in violation of orders from both the Department and the Court.

In a related action, the insurance license of Perschall's sister, Diana Perschall Olivieri, who worked out of the Acadia agency, was suspended

and subsequently revoked in April. Department investigators discovered that she had several felony convictions, the most recent being in 1996. When Olivieri applied for an agent's license in 1997, she stated on the application form that she had no felony convictions.

Estimated Dollar Amount of Louisiana Claims Fraud in 1995 Totals \$2.3 Billion



A large portion of insurance fraud is classified as claims fraud, which is any claim submitted to an insurance company by an insured for an amount greater than the actual loss that occurred or for a loss that never occurred.

Louisiana claims fraud totaled an estimated \$2.3 billion dollars in 1995 according to figures from the Coalition Against Insurance Fraud (CAIF).

Health insurance made up the largest number of fraudulent claims totaling \$1.6 billion. Auto insurance fraud followed with claims totalling an estimated \$362.3 million, business/commercial insurance fraud at \$278 million and homeowner's fraud at \$53.8 million. CAIF broke the figures down and calculated the total cost of claims fraud to each Louisiana family to average \$1,642.29 in

1995. These staggering figures do not include the amount of money spent for detection, investigation or prosecution of claims fraud.

From exaggerating damages to not reporting accurate medical history to outright staged accidents, claims by dishonest people are costing the rest of us a tremendous amount of money.

Department Enjoys Fraud Prevention Success

The Department of Insurance Fraud Division not only fights fraud but can prevent it from happening. Armor Insurance Company is a notable example of the Department's fraud prevention success.

Recently arrested and charged with multiple counts of organized fraud, grand theft and making false

entries into corporate books were former executives of the now defunct Armor Insurance Company.

In 1993, Armor applied for a Certificate of Authority in Louisiana, but the Certificate was denied in August 1996 after careful review of information submitted by the company and information gathered by the Department.

Confirmation that the reservations were well-founded came when Armor was taken over and shut down by the Florida Department of Insurance in early 1997. The investigation in Florida, which led to the January arrests, also revealed that outstanding claims over the lifetimes of the insureds will amount to nearly \$100 million.

Judgment Prevents Agency from Writing Insurance in Louisiana

A judgment for injunction prevents All Star Insurance Agency and John R. Daspit of Baton Rouge from writing insurance in Louisiana.

Last year, an investigation by the Department of Insurance Fraud and Market Conduct Divisions confirmed allegations that Daspit, doing business as All Star Insurance Agency, was taking money from clients and not remitting it to insurance companies. Further investigation led to a cease and desist order in December and a subsequent summary suspension in January.

Evidence indicated that Daspit continued to conduct business in direct violation of the cease and desist order and subsequent temporary restraining order/preliminary injunction. As a result, a judgment for injunction was issued in February.

Department investigators have worked with the police, insurance companies, finance companies and Daspit clients in the wake of All Star's closure. In June, the summary suspension was upheld and Daspit's license was revoked.

Investigation Leads to Arrest of an Agent and His Wife

The arrests of Ponchatoula insurance agent Jerry Morgan and his wife Katie Morgan were a direct result of a Department of Insurance investigation. The couple allegedly collected insurance premiums and pocketed the money, leaving unsuspecting clients without insurance.

The Department issued a cease and desist order to the insurance agency in January 1997 and a summary suspension of Jerry Morgan's agents license in February for misappropriation of premiums. Katie Morgan was also issued a cease and desist order for acting as an agent

without being licensed.

After the Department received reports that the agency and its owners were still doing business, investigators met with representatives of the State Police and District Attorney's offices. Arrest and search warrants were issued and executed in May 1997.

In the months following the arrests, the Department received additional complaints, and further charges were filed against the couple. Continuances granted to the defense due to illnesses have delayed further department action.

Staged Accident Result in Six R

State Police arrested Joseph Wilson III and charged him with six felonies relating to insurance fraud, including a staged accident and submitting false claims. The arrest wasn't Wilson's first brush with the law or with the Department's Fraud Division.

In the current case, Wilson allegedly filed fraudulent claims for damage and medical expenses involving two insurance companies and three vehicles. Wilson bought a pickup truck that had previous damage to the front end and driver's door. Shortly thereafter, he filed a claim stating that a hit-and-run driver had damaged the truck. He also claimed injuries and

Two Unauthorized Down and Both

In 1997, the Department ordered The Insurance Company of Great Britain, Ltd. and C.A.R.E. (Chiropractors Association for Research and Education) to cease their unauthorized operations in Louisiana.

Information obtained by Department investigators indicated that both companies were operating in Louisiana as illegal and unauthorized entities. The Insurance Company of Great Britain issued master policies

n the Fraud Files

and False Claims Felony Charges

submitted a bill from a medical clinic. Misspelling of the clinic's name on the bill raised questions and it was discovered that the clinic had no record of treating Mr. Wilson on the date shown on the bill.

Investigators then looked into a 1997 accident for which Wilson had filed claims. In that case, Wilson allegedly said the pickup truck he was driving was his, but it was actually a vehicle he had rented after reporting his car stolen. He also made claims for injuries in this case.

The stolen car claim was also found to be fraudulent. Investigators discovered the car had allegedly

Continued on page 9

d Operations Shut n Fined \$10,000

to C.A.R.E., which then issued certificates of authority to chiropractors.

Investigators worked with The Chiropractors Association, individual chiropractors and officials from other states to compile sufficient information to issue cease and desist orders and call the companies into a hearing in October 1997. Both companies were found to be in violation of the Louisiana Insurance Code and each was fined \$10,000.

Man Allegedly Recreates Dead Brother, is Arrested for Fraud

A DeRidder man was arrested in May on numerous charges including two counts of insurance fraud. David Edward Joshlin allegedly recreated a younger brother, who reportedly died in 1930, and attempted to collect from several life insurance policies on him.

According to a suspected fraudulent claim report, Bennie Frank Joshlin died when he was six months old. David Joshlin allegedly began his plan as early as 1986, locating his "brother" in East Feliciana Parish. Subsequently, Joshlin planned and executed a convoluted plot in-

volving opening bank accounts, buying vehicles and even running a business under his brother's name.

Joshlin also purchased life insurance policies for Bennie Frank. In 1991, he reported that his brother had drowned while on a rafting trip between Vidalia and St. Francisville.

Although a body was never produced, Joshlin then went to court and had his brother declared dead. A death certificate was issued, and Joshlin made claims on three different insurance policies. He collected

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Agent Pleads Guilty to Mail Fraud, is Sentenced to 30 Months in Jail

Kelly Macheca-Gilpin, a licensed agent, pled guilty to two counts of mail fraud in the U.S. District Court, Eastern District, and was sentenced to 30 months imprisonment as well as restitution. Macheca-Gilpin sold annuities to residents living in the Metairie area from 1995 to 1997. She collected well over a million dollars in premiums and failed to remit either premiums or documentation to the company ostensibly providing the annuities.

In late 1997, an individual who believed he had purchased an annuity from Macheca-Gilpin called the company to inquire about it. In response to the call, an investigation was begun. By December, charges had been filed against Macheca-Gilpin.

Macheca-Gilpin has been a licensed agent since 1987. Armed with documentation of her sentencing, investigators have requested a revocation hearing and an emergency suspension of her license.

Director of Fraud Division Retires

Gail McDonald, director of the Fraud Division of the Department of Insurance and a 32-year veteran of insurance-related state service, retired May 1, 1998.



McDonald began her career in 1963 with the Insurance Rating Commission. She left state service for private industry in 1969 where she owned and operated her own business.

McDonald returned to state service in 1972, working with the Department's chief legal counsel. She then went to work for the Deputy Commissioner and later the Commissioner. McDonald was then promoted to the Property and Casualty Consumer Complaint Division where she served first as Assistant Director and then as Director.

In 1993, McDonald agreed to accept the position of director of the newly formed Fraud Division. She established rules and guidelines for reporting fraud and succeeded in having many cases accepted by the Attorney General and other prosecutors across the state.

Ruling sets National Health Insurance Benefits Precedent

In January of this year, the Department won a federal court case against Mid-Continent Medical Benefit Trust (Kansas City, MO) and Professional Administrative Group, Inc. (Overland Park, KS). The federal decision upheld the Department of Insurance's regulatory decision and its authority to shut down a financially shaky health insurance scheme operating in Louisiana and a number of other states.

The case set a national precedent, establishing boundaries in the regulation of hybrid health insurance benefit arrangements which are likely to attract insurance predators.

At issue was whether PAG was illegally operating a Multiple Employer Welfare Arrangement, MCMBT, or was legally administering a collection of separate and autonomous benefit plans established by private employers.

Health benefit plans which are self-funded by employers (single employer plans), with or without contributions from employees, are exempt by ERISA (Employee Retirement Income Security Act) from regulation by state insurance departments. Some entities, including MCMBT and PAG, contended that a third party could bring several self-funded employers together to participate in a single financing mechanism, pooling contri-

butions and spreading the risk among employers' plans. The Department disagreed.

Department investigators learned of the MCMBT operations in the state because of an agent's dispute with PAG regarding commissions. From the agent, investigators determined that a local sheriff's office was enrolled in MCMBT. Further investigation uncovered a number of Louisiana employers who either were, or had been, participating in MCMBT.

After obtaining contracts and other controlling documents from MCMBT and PAG, the Department requested an opinion from the U.S. Department of Labor. In violation of its agreement to wait for the opinion, MCMBT/PAG filed suit against the Department in federal court. When the opinion was issued, it supported the Department's position that MCMBT was not ERISA exempt.

To obtain a copy of the U.S. Department of Labor opinion and/or the decision of the U.S. District Court for the Middle District of Louisiana, contact **Pam Williams** or **Tom Portier** of this Department.

NOTE: MCMBT/PAG had indirect links to convicted insurance racketeers Ferrel Travis Riley and his wife Cheryl S. Coon.

Department Fraud Fighter's Effort Gains National Recognition

Department of Insurance Fraud Investigator Catherine Bourdet was recently honored with the 1997 Fraud Fighter of the Year Award, a national award given by CNA Insurance Companies. This is the first year CNA has presented the award.

Paul J. Shenefelt, CNA Director of Investigations, presented the award in recognition of Bourdet's personal commitment and tireless effort in the Department's successful campaign against claims fraud.

Commissioner Brown commended Bourdet on being recognized for the excellent work she is doing in the fight against insurance fraud. CNA



Commissioner Brown, left, joins Fraud Investigator Catherine Bourdet at the presentation of the 1997 Fraud Fighter of the Year Award by CNA Insurance officials.

officials expressed their appreciation of Bourdet for her efforts in providing training to CNA and other insurance companies on fraud issues and mandatory reporting of insurance fraud by insurance companies. They

also recognized her "repeated efforts to encourage agencies to accept CNA cases for prosecution."

Commissioner Brown spoke of how far the state has come since the high profile insurance fraud of the late 80's that had such a devastating effect on many Louisiana citizens. His fraud fighting efforts rank among his major accomplishments.

"It took a lot of time and effort to turn the insurance industry around," Brown said, "and it is staff members like Ms. Bourdet and cooperative insurance companies like CNA that have helped us come this far."

Definition of Insurance Fraud:

"Insurance fraud is any deliberate deception perpetrated against or by an insurance company or agent for the purpose of unwarranted financial gain. It occurs during the process of buying, using, selling and underwriting insurance."

- Coalition Against Insurance Fraud

Staged Accident

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caught on fire and was destroyed just days before Wilson claimed it to be stolen.

In the Department's initial investigation, Wilson was arrested for felony theft by fraud in 1993. He had been involved in a motorcycle accident in 1992. In addition to the bona fide injury claims, he submitted a claim for disability benefits when he had, in fact, been unemployed for several months prior to the accident. In that case, he used business letterhead taken from his former job and used it to falsify verification of employment.

Faked Death

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a small death benefit from one company. Another insurer, facing a much larger claim, decided to investigate and uncovered evidence indicating that Bennie Frank Joshlin had died as an infant.

A claims fraud referral was made to the Fraud Division, which is working with the insurance company and the Attorney General's Office in pursuing the case.

MANDATORY REPORTING OF SUSPECTED FRAUDULENT CLAIMS

The Louisiana Insurance Code outlines the procedure for the mandatory reporting of fraudulent claims and the penalties for the violation of any section of the Insurance Code.

R.S. 22:1245:

Any person, company or other legal entity engaged in the business of insurance, including agents, brokers, and adjusters, which believes that a fraudulent claim is being made, shall within sixty days of the receipt of such notice, send to the section of insurance fraud, on a form prescribed by the section, the information requested and such additional information relative to the claim and the parties claiming loss or damages because of an occurrence and/or accident as the section may require.

R.S. 22:7 Part A:

Whoever intentionally violates, aids, abets, counsels, or procures another person to intentionally violate any provision of this Code, upon conviction, unless a specific penalty is provided elsewhere in this Code, and in addition to any revocation, suspension, or forfeiture of any license, power, or privilege provided for in this Code, if a corporation, shall be fined not more than ten thousand dollars, or imprisoned with or without hard labor for not more than five years, or both.

Who must file—Companies, agents, brokers and any others engaging in the business of insurance are required to report any cases of suspected fraudulent claims. The required reporting does not prevent the referral of a suspected fraudulent claim to other agencies (i.e., district attorneys, law enforcement agencies, National Insurance Crime Bureau, Workers Compensation Corporation).

What information to file—Initially, only the reporting form and narrative must be filed. As cases develop, additional information and documentation should be provided. All information submitted to the division is confidential, and the Insurance Code provides civil immunity for those who submit information in good faith.

NOTE: The form has been revised (see page 11). It no longer needs to be notarized and may be mailed, faxed (504/342-7393) or electronically submitted.

How information is used—The Fraud Division maintains a database on all suspected fraudulent claims it receives. The information contained in this database is invaluable in detecting patterns of fraudulent activity and in linking cases involving different insurance companies. Other databases may contain some of the same information, but the Fraud Division database will contain every reported suspected fraudulent claim of any type that has occurred in Louisiana.

How to file: Provide a cover letter explaining your reasons for suspecting the claim is fraudulent, including the name of the adjuster handling the claim and the telephone number where the adjuster may be contacted. Complete a “Suspected Fraudulent Claim Report.” ***Make sure the following is included:***

- Full name, date of birth, address, social security number, occupation and employer of insured;
- Full name, date of birth, address, social security number, occupation and employer of claimant;
- Date and location of accident, loss, or theft; and,
- amount of claim;
- If an injury is involved, list name and office address of each doctor consulted, records of treatments, and charges submitted by each doctor;
- If claimant was treated in a hospital, list name of hospital, date of admission, and itemized charges;
- Name, address, and phone number of each attorney, date retained, and copies of all demand letters;
- Copies of any documents that, in your opinion, support your belief that the claim may be fraudulent. Highlighting of any specific details you wish to bring to our attention will also be of tremendous assistance;
- Copies of documents that establish the claimant is eligible for coverage (i.e., policy declarations);
- Copies of documents reflecting that the claim was submitted and payments to the claimant were or were not paid.

Retain all original documents, along with the postmarked envelopes in which they were received. In some cases, it may be necessary for an investigator of the Fraud Division to have access to the entire file.

LOUISIANA DEPARTMENT OF INSURANCE
Suspected Fraudulent Claim Report
CONFIDENTIAL

Company _____ NAIC# _____
Contact Person _____ Phone _____
Address _____

Insured(s) Name _____ Phone _____
Address _____

Person(s) suspected of committing fraud _____ Phone _____
(Use additional forms for each suspect)
Address _____

Employer _____ Phone _____
Occupation _____
Driver's License # _____ State _____
Social Security # _____ Date of Birth _____

Claim # _____ Policy Number _____ Effective Date _____
Date of Loss _____ Time of Loss _____ Date Reported _____
Location of Loss _____

TYPE OF FRAUD:

_____ Agent Theft	_____ False Application	_____ False Application	_____ Medical
_____ False Billing	_____ Repair Fraud	_____ Slip and Fall	_____ Health Care
_____ Jump-in	_____ Kickback	_____ Phony Theft	_____ Provider
_____ Premium Avoidance	_____ False/Exaggerated Loss Statement		
_____ Staged Accident	_____ Worker's Compensation		
_____ Money Laundering	_____ Other (_____)		

Type of Insurance _____

Has this claim been paid? _____ Yes _____ No Amount of Claim _____

Referral to any other entities i.e. Law Enforcement Agencies, Professional Boards, etc.

Name of Entity _____ Date of Referral _____

Contact Person _____ Phone _____

Name(s) of Individuals significant to loss (Include doctors, lawyers, witnesses, etc.)

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Brief description of Facts:
(use additional sheets if necessary)

Signature of Authorized Representative _____

_____ Date

Form OLMC-2 (rev. 1/29/97)

HELP DESK



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1-800-259-5300 or 5301 statewide

(504) 342-4956

FAX (504) 342-7393

E-mail: IdiFraud@ldi.state.la.us

Web Site: <http://wwwldi.lidi.state.la.us>

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Single copies of the following publications are available free of charge at your request:

1998 Auto/Home Rate Comparison Guide--A convenient way to compare insurance companies' rates.

Ask Commissioner Brown--The Commissioner's award-winning, question-and-answer-style column that appears in more than 30 newspapers around the state.

Hurricane Preparedness Guide--An eight-page pamphlet that tells you how to prepare your home and family for Louisiana's natural disaster.

Louisiana Insurance Update--The Department's quarterly industry newsletter, with news, features and lots of legal information--Name/Domicile Changes, Mergers and Acquisitions.

Buyer Beware--A top 10 list of things you can do to stop insurance fraud.

Dos and Don'ts of Workers' Compensation--The guidelines people should follow when they experience injury at their place of employment.

Consumers' Guide to Auto and

Home Insurance--Shopping tips, policy terminology, discount information and easy-to-use worksheets make this series a consumer favorite.

Consumers' Guide to Health and

Life Insurance--Tips for finding the best policy at the lowest cost and articles on some of the latest life and health insurance trends.

Getting a Resident Insurance License--The pocket guide for anyone interested in becoming an insurance agent in Louisiana.

Answers to Common Questions About Flood

Insurance--A timely guide for flood-prone Louisiana.

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